

The Dr. Thomas J. Curran Early Childhood Education Center Child Care Application Form 2021-2022

PLEASE PRINT CLEARLY:

Child's Name: _____ DOB: _____

Address: _____ Phone: _____

Parents/Guardian Information:

Parent/Guardian Name

Email address

Cell #

Work # (extension if needed)

Parent/Guardian Name

Email address

Cell #

work # (extension if needed)

Siblings in program: _____

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Before School Program runs from 7:00 am – 8:45 am (Please check one)

_____ Option A (5 Days) - Monday through Friday

_____ Option B (4 Days) List Days needed: _____

_____ Option C (3 Days) List Days needed: _____

_____ Option D (2 Days) List Days needed: _____

After School Program runs from 3:00 pm – 6:00 pm (please check one)

_____ Option A (5 Days) - Monday through Friday

_____ Option B (4 Days) List Days needed: _____

_____ Option C (3 Days) List Days needed: _____

_____ Option D (2 Days) List Days needed: _____

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Child's Name: _____

Any known allergies, diet restrictions, or daily medications:

Emergency Contact Information: We need a local contact who can immediately pick up your child if needed.

Name: _____ **Parent/Guardian:** _____

Address: _____ **Phone #:** _____

Name: _____ Parent/Guardian: _____

Address: _____ Phone #: _____

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ **Relationship:** _____

Address: _____ **Phone #:** _____

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Child's Name: _____

Pick-up Authorization for Childcare *At least one contact needs to be local, and able to pick your child up in case of an emergency in a timely manner. If you need additional space, please use the other side of this paper.

Name: _____ Parent/guardian: _____

Address: _____ Town: _____

Home #: _____ Cell #: _____

Name: _____ **Parent/guardian:** _____

Address: _____ **Town:** _____

Home #: _____ **Cell #:** _____

Name: _____ Relationship: _____

Address: _____ Town: _____

Home #: _____ Cell #: _____

Name: _____ **Relationship:** _____

Address: _____ **Town:** _____

Home #: _____ **Cell #:** _____

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To help us know your child better, please complete the following questionnaire:

Child's Name: _____

Please list all occupants in your home and their relationship to your child:

How well does your child interact with other children?

Please describe any circumstances regarding your child's physical or emotional status that will help to understand your child better. (Fears, Lifestyle changes – ie. Divorce, Separation, Recent Move, Family Illness, or Loss).

Any other notes or concerns:

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ECEC Child Care Contract & Fee Schedule

Fee Schedule:

Before School Care - \$12.50 per day - 1.75 hours (7:00 am - 8:45 am)

	<u>5 Days</u>	<u>4 Days</u>	<u>3 Days</u>	<u>2 Days</u>
Yearly Rate	\$2,205	\$ 1,764	\$1,323	\$882
Monthly Rate	\$220.50	\$176.40	\$132.30	\$88.20

After School Care - \$21.00 per day – 3 hours (3:00 pm - 6:00 pm)

	<u>5 Days</u>	<u>4 Days</u>	<u>3 Days</u>	<u>2 Days</u>
Yearly Rate	\$3,780	\$3,024	\$2,268	\$1,512
Monthly Rate	\$378.00	\$302.40	\$226.80	\$151.20

Terms and Conditions:

Tuition and Registration Fees: If you would like to reserve a place for your child in Childcare for the 21-22 school year, please complete this form and return it to:

Mrs. Brenda McMurtry

ECEC Childcare 1100 High St Dedham, MA 02026

781-310-8029 bmcmurtry@dedham.k12.ma.us

Registration & Tuition Fees: A non-refundable \$75.00 registration fee is required to hold your child's space (by June 1st) and can be paid via our website under Quick Links, Tuition Payment, then use the Childcare drop down. We will no longer be able to accept checks or money orders for tuition.

The first tuition payment is due August 1, 2021 with this contract.

Each monthly payment is due by the first of the prior month. A late fee of \$25.00 may be assessed if the fee is not paid by the 1st of the following month.

Any permanent changes in schedules must be communicated at least two weeks in advance or full monthly balance will be required.

Waiting List: In the event that the ECEC cannot accommodate all those children interested in attending, we will use the following procedures to determine a waiting list.

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Returning children will have 1st priority, including siblings. All remaining, interested children will be placed on a waiting list in the order the applications were received. Placements will be made on a first come, first serve basis.

Questions and Information: All questions regarding Childcare should be directed to **Mrs. Brenda McMurtry at 781-310-8029 or bmcmurtry@dedham.k12.ma.us**. Any changes to a child's schedule for Childcare, or additions to the approved pick up list should be put in writing and sent into school with your child also emailed to Ms. Brenda by 7:00 am. Emails will not be checked during the school day, so it is imperative that these changes are communicated in a timely manner.

I hereby agree to pay the ECEC Child Care Program for before/after care for my child according to the terms and conditions set forth in this document (document must be signed by every adult responsible for Childcare costs:

Child's Name: _____

My child is enrolled _____ days per week. I understand that:

- The fee is based on the number of weeks/days school is in session per month.
- If my child attends any extra days/hours beyond their regular schedule, additional payment will be expected.
- I am responsible to pay for the above number of days whether or not my child attends.
- Credit will not be provided for sick days or vacations taken outside of the regularly scheduled school vacations.
- My child will NOT be admitted to the program if payment is not current.

Signature

Date

Print Name: _____